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| TRANSMITTAL<br>FORM   |  | Application Number  | 10/667,677         |                              |   |
|   |  | Filing Date   | Septembr 22, 2003  |                              |   |
|   |  | First Named Inventor  | Murphy             |                              |   |
|   |  | Art Unit  | 3628               |                              |   |
| (to be used for all correspondence after initial filing)  |  | Examiner Name   | Shannon S. Saliard |                              |   |
| Total Number of Pages in This Submission 19   |  | Attorney Docket Number  | W115 1010.1        |                              |   |
| Total Number of Pages II  | 1 This Submission  |   | ı                  |                              |   |
| ENCLOSURES (Check all that apply)   |  |   |                    |                              |   |
| Extension of Time Express Abandor Information Discle Certified Copy of Document(s) Reply to Missing Incomplete Applic Reply to I  | hed  ly  l  /declaration(s) e Request nment Request osure Statement  Priority Re | Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence A Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table on CD | Address            | Appea of Appea (Appea Propri | Allowance Communication to TC all Communication to Board leals and Interferences all Communication to TC all Notice, Brief, Reply Brief) letary Information Letter Enclosure(s) (please Identify ): |
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| Firm Name   |  |   |                    |                              |   |
| Womble Carlyle Sandridge & Rice, PLLC   |  |   |                    |                              |   |
| Signature Onto Oscillar   |  |   |                    |                              |   |
| Printed name John J. Timar  |  |   |                    |                              |   |
| Date March 20, 2007   |  | F   | Reg. No. 32,497    |                              |   |
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| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: |  |   |                    |                              |   |
| Signature   |  |   |                    |                              |   |
| Typed or printed name Diana Ogles   |  | $\bigcirc$  |                    | Date                         | March 20, 2007  |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/667,677 **Application Number** FEE TRANSMITTAL Filing Date Septembr 22, 2003 For FY 2007 First Named Inventor Murphy **Examiner Name** Shannon S. Saliard Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3628 TOTAL AMOUNT OF PAYMENT Attorney Docket No. W115 1010.1 **METHOD OF PAYMENT** (check all that apply) Check Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 09-0528 Deposit Account Name: Womble Carlyle, et al. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity** Small Entity Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 600 300 250 Provisional 200 0 0 100 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 25 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims Multiple Dependent Claims **Total Claims Extra Claims** Fee Paid (\$) - 20 or HP = × \_\$50.00 Fee (\$) Fee Paid (\$) 0 HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee Paid (\$) Indep. Claims Fee (\$) \_ - 3 or HP = \$200.0 0 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) **Total Sheets** Extra Sheets Fee (\$) (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): SUBMITTED BY Registration No. 32,497 Telephone (404) 888-7349 Signature

John Timar Date March 20, 2007 Name (Print/Type)

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